

**Self Screening Tool for Administration of Immune Globulin (IG)  
For Post Exposure Prophylaxis for Hepatitis A**

Screening Questions	Response	
1. Have you ever received hepatitis A vaccine?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
2. Have you ever had a serious allergic reaction to a previous dose of IG?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
3. Have you ever had a serious allergic reaction to latex?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
4. Has your health care provider ever told you that you have any antibody deficiencies, such as immunoglobulin A deficiency?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
5. Has your health care provider ever told you that you have a bleeding disorder or do you take medicine to thin your blood?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
6. Have you received measles, mumps, rubella vaccine (MMR) and/or chickenpox vaccine in the last 2 weeks?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
7. Do you plan to receive MMR and/or chickenpox vaccine in the next 3 months?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
8. Do you handle food that is served to people as part of your job or other activity?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

If you answered “yes” to any of these questions, or if you have any questions, a screener would like to speak with you. Thank you.